

## Grant Solicitation Waiver Instructions

**WHEN TO USE:** For approval of grant solicitation waivers under [Administrative Code Section 21G.8](#), where:

- A competitive process is infeasible or impracticable
- A Public Purpose may reasonably be accomplished by one particular Grantee

Per the City Purchaser's Administrative Code Chapter 21G Rules and Regulations, this Waiver Form is **not required** for grants awarded in accordance with Administrative Code Sections:

- **21G.3(a)(1):** Grants to a governmental entity for programs, activities, or services that can be practically performed only by that particular entity
- **21G.3(a)(2):** Grants to a specific entity as required to comply with applicable law or contract, or as a result of the requirements of the funding source
- **21G.3(a)(3):** Grants made for improvement to property by a property owner
- **21G.8(c):** Grants to any of the four City-owned community cultural center

**INSTRUCTIONS:** Contract Analyst to complete this Grant Solicitation Waiver Form with the DPH Business Owner to request approval to waive the competitive solicitation requirements under Administrative Code Section 21G.8. Provide specific and comprehensive information to justify why the requested grant should be awarded absent a solicitation. Attach appropriate/required supporting documentation.

The Grant Solicitation Waiver Form must be signed by the DPH Business Owner and a Contracts Office Supervisor prior to submission to the DPH Business Office. Submit the signed Grant Solicitation Waiver Form to Michelle Ruggels, Director DPH Business Office at [michelle.ruggels@sfdph.org](mailto:michelle.ruggels@sfdph.org). The DPH Business Office will bring the request to a future Health Commission meeting for final approval and signature.

The Solicitation Waiver must be fully approved and signed by the Health Commission Designee before the Department makes a commitment to the grantee, and before City funds are encumbered. If the Solicitation Waiver request is denied, the department must conduct a competitive process to select the grantee(s).

For extensions of Solicitation Waivers for a previously awarded sole source grant, attach a copy of all prior approved Solicitation Waivers or other sole source determinations by the relevant authority.

Once fully approved, the Contracts Analyst must upload this signed form, all supporting documentation, and Health Commission final approval to PeopleSoft. Select the appropriate Purchasing Authority for the grant award in PeopleSoft.

# Grant Solicitation Waiver Form

DPH Section: BHS

Phone: 415-255-3491

Contract Analyst: David Folmar

Email: david.folmar@sfdph.org

Request:  New  Modification Grantee: Positive Resource Center Contract ID: 1000024911

**Short Description of Grant:** The primary goal of the Legal Advocacy Program is to represent eligible clients who are uninsured, underinsured, or at risk of losing insurance to pursue or maintain SSI/SSDI/CAPI and corresponding Medi-Cal/Medicare, thus providing them with improved access to healthcare and the financial means to stabilize their living situation.

Grant Amount: \$1,700,975

Grant Duration: 1 year

(Attach itemized budget if available)

Anticipated Dates: From: 7/1/22

To: 6/30/23

**Describe the Public Purpose to be fulfilled by this Grant:**

The Legal Advocacy Program provides improved healthcare access to the uninsured, underinsured, or those at risk of losing insurance and these services are for the benefit and in the interest of the communities being served.

## Justification for Waiver of Competitive Solicitation Requirements

Check the appropriate solicitation waiver reason and address the questions listed. Attach additional supporting documentation as indicated and/or as necessary.

**Competitive solicitation infeasible or impracticable**

- Is this grant required to respond to a public emergency or other exigent circumstances?  Yes  No
- If **YES**, provide a description of the public exigency or emergency, need for the sole source Grant and period of performance, and impact on the Public Purpose if the sole source Grant is not approved.

This request is due to an exigent circumstance. This program is currently authorized under RFP 11-2013 SSI Advocacy Services under Contract ID 1000003034. However, RFP 11-2013 expires 6/30/22. There is a solicitation discussion underway. However, a new agreement won't be in place by 7/1/22. Therefore, as it is infeasible to complete a solicitation for these services before the end of the fiscal year when the RFP expires, this is a 21G.8 sole source request to ensure these services continue for this population. The impact on the Public Purpose if the sole source Grant is not approved would be removing this program from the community and there would be a direct impact to the services provided to the 668 unduplicated clients currently being served.

- If **NO**, grant is *not* required to respond to public emergency or other exigent circumstance:

- Why is a competitive process infeasible or impracticable?

Click or tap here to enter text.

- Why is this the only entity that can fulfill this Public Purpose? What does the entity offer that is essential to fulfilling the Public Purpose?

Click or tap here to enter text.

- What steps were taken to verify that this is the only entity that can fulfill this Public Purpose? Has the department contacted other entities to evaluate their ability to fulfill the Public Purpose, and if so, describe the entities and explain why they cannot meet the department's needs.

Click or tap here to enter text.

**Public Purpose may reasonably be accomplished by one particular Grantee**

- Why this is the only entity that can fulfill this Public Purpose? What the entity offers that is essential to fulfilling the Public Purpose?

Click or tap here to enter text.

- What steps were taken to verify that this is the only entity that can fulfill this Public Purpose? Has department contacted other entities to evaluate their ability to fulfill the Public Purpose, and if so, describe the entities and explain why they cannot meet the department's needs.

Click or tap here to enter text.

- Is this a recurring Grant to the same recipient?  Yes  No

- If **YES**: How long has this entity fulfilled this Public Purpose for the department? Enter # mos. or yrs.

- Has department conducted a formal or informal competitive process within the last five years demonstrating lack of other potential Grantees, pursuant to Admin Code §21G.8(b).  Yes  No
- Solicitation document(s), result(s), and other supporting documentation attached?  Yes  No

### 21G.8 Grant Solicitation Waiver Approvals and Signatures

After completion of the form, the Contract Analyst routes this form through DocuSign for final approval and signature.

Approved by	Print Name	Signature	Date
<b>DPH Business Owner, Program Manager, or SOC Director</b>			
<b>Contracts Office Supervisor</b>	Enter name.		
<b>DPH Business Office Director</b>	Enter name.		
<b>Health Commission Designee</b>			